

Records Obtained by Authorization

From Texas Department of Health - Bureau of Vital Statistics

1100 West 49th Street

Austin, TX 78756-3191

Pertaining to Raymond Luther Allen

For Anthony G. Buzbee

Nell McCallum & Associates, Inc.

19368.003

NMA  
ORIGINAL

**AFFIDAVIT**

Records Pertaining To: **Raymond Luther Allen**

Type of Records: **The complete file, including but not limited to the preliminary death certificate, final death certificate, accompanying transmittal documents, etc. in the possession of or subject to the control of the witness pertaining to Raymond Luther Allen, DOB: 08/30/1977, DOD: 2/29/2012.**

Before me, the undersigned authority, personally appeared Geraldine R. Harris,  
who, being by me duly sworn, deposed as follows: (Custodian of Records)

My name is Geraldine R. Harris, I am over eighteen (18) years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the Custodian of Records for: **Texas Department of Health - Bureau of Vital Statistics**

Attached hereto are 1 pages of records pertaining to **Raymond Luther Allen** from this facility. These said records are kept in the regular course of business, and it was the regular course of business for an employee or representative of this facility, with knowledge of the act, event, condition, opinion, or diagnosis, recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original.

Geraldine R. Harris  
AFFIANT (Custodian of Records)

Sworn to and subscribed before me on the 1<sup>st</sup> day of June, 20 12.




Christi C. Cunningham  
NOTARY PUBLIC

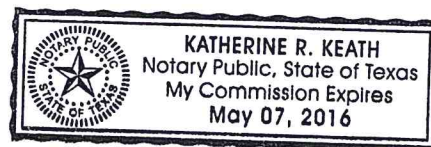
My Commission Expires: 2/12/2013

I, Katherine R. Keath, a Notary Public in and for the State of Texas, do hereby certify that the foregoing Testimony of the Witness, Geraldine R. Harris, after said witness was duly sworn by Christi C. Cunningham was delivered to Nell McCallum & Associates, Inc.

I further certify that said Original Answers are being delivered to Anthony G. Buzbee, the requesting attorney, for safekeeping and use at trial.

Given under my hand and seal of office on June 5, 2012 .

  
Notary Public



Nell McCallum & Associates, Inc.  
Beaumont/Houston, Texas

19368.003

Nell McCallum & Associates, Inc.

has verified that these records are complete  
and the best possible quality



## CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES  
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-12-028487

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		(Maiden)		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)	
RAYMOND LUTHER ALLEN III				FEBRUARY 29, 2012	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	IF UNDER 1 YR Mo Days		6. BIRTHPLACE (City & State or Foreign Country)
MALE	AUGUST 30, 1977	34			GALVESTON, TX
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
467-71-5343		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		SABRINA JAMES	
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
7812 SYCAMORE LANE				GALVESTON	
10d. COUNTY		10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
GALVESTON		TEXAS	77551	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
RAYMOND LUTHER ALLER JR			RITA SIMPSON		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If OUTSIDE CITY LIMITS, GIVE PRECINCT NO)		16. FACILITY NAME (If not institution, give street address)	
GALVESTON		GALVESTON, 77555		UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
SABRINA ALLEN - WIFE			7218 SYCAMORE LANE, GALVESTON, TX 77551		
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input checked="" type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		EDDIE R. JOHNSON, BY ELECTRONIC SIGNATURE - 9250		Section _____ Block _____ Lot _____ Space _____	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)			
LAKEVIEW CEMETERY		GALVESTON, TX			
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)			
FIELDS-JOHNSON FAMILY MORTUARY		3828 AVENUE O, GALVESTON, TX 77550			
26. CERTIFIER (Check only one)					
<input type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER		28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)	
NOBBY C. MAMBO, M.D., BY ELECTRONIC SIGNATURE		MARCH 9, 2012	K8320	03:33 PM	
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
NOBBY C. MAMBO, M.D. 6607 HIGHWAY 1764, TEXAS CITY, TX 77591				DEPUTY CHIEF M.	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					
CAUSE OF DEATH		Approximate interval Onset to death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. PENDING		Due to (or as a consequence of):			
b. _____		Due to (or as a consequence of):			
c. _____		Due to (or as a consequence of):			
d. _____		Due to (or as a consequence of):			
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
34. WAS AN AUTOPSY PERFORMED?		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36. MANNER OF DEATH	37. DID TOBACCO USE CONTRIBUTE TO DEATH?	38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
40e. LOCATION (Street and Number, City, State, Zip Code)			40f. COUNTY OF INJURY		
41. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR			
02-0318	MARCH 12, 2012	REGISTRAR - GALVESTON COUNTY HEALTH DISTRICT, ELECTRONICALLY FILED			

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195, 1989)

VS-112 REV 1/2006



THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED IN THIS OFFICE. ISSUED UNDER AUTHORITY OF SECTION 191.051, HEALTH AND SAFETY CODE.

ISSUED

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

GERALDINE R. HARRIS  
STATE REGISTRAR

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## THE BUZBEE LAW FIRM

JPMorgan Chase Tower  
600 Travis, Suite 7300  
Houston, Texas 77002  
713-223-5393  
713-223-5909 (Fax)

**Authorization For Use or Disclose Protected Health Information**

As required by the Health Information Portability and Accountability Act of 2003 (HIPAA) and Texas Law; this practice may not use or disclose your individually identifiable health information except as provided in our Notice of Privacy Practices without your authorization. Your completion of this form means that you are giving permission for the uses and disclosure described below. Please review and complete this form carefully. It may be invalid if not fully completed. You may wish to ask the person or entity you want to receive your information to complete the sections detailing the information to be released the purposes for the disclosure.

I hereby authorize Texas Department of Health - Bureau of Vital Statistics use and disclose health information concerning: (Patient Name) RAYMOND LUTHER ALLEN

Address: \_\_\_\_\_

☒ Any and all health information, including, but not limited to, itemized billing, mental health records, drug and/or alcohol abuse records and/or HIV test results, if any, except as specifically provided below:

Complete file including but not limited to the preliminary death certificate, final death certificate, accompanying transmittal documents for: 2/29/2012  
☒ All psychotherapy notes may be released except as specifically provided below: DOB 2/29/2012  
DOB 8/30/77

This health information may be disclosed to: THE BUZBEE LAW FIRM b/f NELL McCallum & Assoc.

This information may be used only for the following purposes: LEGAL LITIGATION

I understand that I may revoke this authorization at any time notifying this medical practice in writing. My revocation will not affect actions taken by this medical practice prior to its receipt.

I understand that if neither federal nor Texas privacy law apply to the recipient of this information, the information disclosed pursuant to this authorization may be re-disclosed by the recipient and no longer protected by federal law.

I understand that my health care treatment or benefits will not be affected whether I sign or do not sign this form and I have the right to receive a copy of this authorization.

This authorization is effective now and will remain effective until END OF LITIGATION  
(Expiration Event or Date)

Signed: X Sabrina Allen Dated: 3-23-12

Print Name: Sabrina

DOB: 9-2-78 SSN: 454-774-76786

If not signed by the patient, Relationship: ☐ Parent or Guardian ☐ Guardian/Conservator of incompetent patient  
☒ Beneficiary or Personal Representative of deceased patient

Name of patient: Raymond Luther Allen DOB 8/30/77 SSN: 467-71-

NOTE: A Photocopy of This HIPAA Shall Have The Same Effect As An Original

5343